

EXHIBIT G



American Arbitration Association
Dispute Resolution Services Worldwide

RECEIVED

JUL 5 2011

BY: *R. Keem C.*

LABOR ARBITRATION RULES

Demand for Arbitration

MEDIATION: Please consult the AAA regarding mediation procedures. If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box

Name of Respondent <input type="checkbox"/> Employer or <input type="checkbox"/> Union Christopher W. Bruce			Name of Representative (if known) John F. Carney (General Manager)		
Contact Person same			Name of Firm (if applicable) R. T. A. Transit Services, Inc.		
Address: 59 William Street			Representative's Address: 287 Grove Street		
City Worcester	State MA	Zip Code 01609	City Worcester	State MA	Zip Code 01605
Phone No. (508) 753-1075	Fax No. (508) 753-8940		Phone No. (508) 791-9782	Fax No. (508) 752-3153	
Email Address: local22atu@gmail.com			Email Address:		

The named claimant, a party to an arbitration agreement dated 7/01/10, which provides for arbitration under the Labor Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

Nature of Grievance:

Discipline (demotion) not administered according to CBA

Name of Grievant(s) (if applicable):

Edward Rossi Jr.

Claim or Relief Sought:

Made whole, discipline removed from file

REMINDER: You can file your case online by visiting the AAA's website at www.adr.org. Please select "AAA Webfile" from the list of side menu options. You may also wish to visit the "Labor" "Focus Area" for a complete list of our administrative services and procedures, including our Expedited Procedures.

AMOUNT OF FILING FEE ENCLOSED WITH THIS DEMAND (please refer to the rules for the appropriate fee) \$ 225.00

THE FILING PARTY REQUESTS THAT HEARINGS BE HELD AT THE FOLLOWING LOCALE: Worcester, MA

You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association office located in Worcester, MA, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within ten days after notice from the AAA.

Signature (may be signed by a representative) <i>Christopher W. Bruce</i>			Date: <u>6/30/11</u>	Name of Representative	
Name of the Claiming <input checked="" type="checkbox"/> Union or <input type="checkbox"/> Employer Amalgamated Transit Union			Name of Firm (if applicable)		
Address (to be used in connection with this case): 59 William Street			Representative's Address:		
City Worcester	State MA	Zip Code 01609	City	State	Zip Code
Phone No. (508) 753-1075	Fax No. (508) 753-8940		Phone No.	Fax No.	
Email Address: local22atu@gmail.com			Email Address:		
To begin proceedings, please send two copies of this Demand and the Arbitration Agreement or relevant contract language, along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.					
AAA Customer Service can be reached at 800-778-7879					